PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

27600/X014A

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
T/	OTAL CLAIMS	·	(Column 1)		(Colu	(Column 2)		TYPE		OR			
TOTAL CLAIMS			42					RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED .		NUMB	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			\$2 minus 20=		* 22			X\$ 9=		OR	X\$18=	396	
INDEPENDENT CLAIMS			<u> </u>	nus 3 =	8			X43=		OR	X86=		
ML	ILTIPLE DEPEI	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If	the difference	e in column 1 is	ero, enter	"0" in c	olumn 2	_	TOTAL	*	OR	TOTAL	1166		
CLAIMS AS AMENDED - PART II											OTHER	THAN	
(Column 1) (Column 1)						(Column 3)	_	SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	16	=		X43=		OR	X86=		
لنا	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			+145=		OR	+290=		
								TOTAL DDIT. FEE	·	OR	TOTAL ADDIT. FEE		
		(Column 1)	0011.1 22	<u> </u>		10011.1 221							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		(Colun HIGH NUME PREVIO PAID I	EST BER DUSLY	PRESENT EXTRA	\int	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MQN	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=]	X43=		OR	X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									UH	, , , ,		
								+145=		OR	+290=		
							Αſ	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C	70	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											+290=		
**	the "Highest Nur	nber Previously Pa	id For IN THIS	SPACE is	less than	20, enter *20.*	· AD	TOTAL DIT. FEE		OR ,	TOTAL ODIT. FEE		
7	The "Highest Num	mber Previously Pa ber Previously Paid	IU FOF IN THIS I For (Total or	o SPACE is Independe	nt) is the	i 3, enter "3." highest number			opriate box				